

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

SIMMONS4CONGRESS

ADDRESS (number and street)

72 MAIN STREET

UNIT 1L



Check if different than previously reported. (ACC)

SHELBURNE FALLS

MA

01370

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00619338

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MA

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 08 / 2016

in the State of

MA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2016

through

M M / D D / Y Y Y Y  
10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Simmons, Thomas, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Simmons, Thomas, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 24 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 13

Write or Type Committee Name  
SIMMONS4CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2016

To:

M M / D D / Y Y Y Y  
10 / 19 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	9600.00	12270.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	9600.00	12270.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10160.15	16641.88
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	10160.15	16641.88
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	1208.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	5000.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 13

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**SIMMONS4CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

5900.00

7570.00

(ii) Unitemized.....

200.00

200.00

(iii) TOTAL of contributions from individuals ▶

6100.00

7770.00

**(b) Political Party Committees.....**

3500.00

4500.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

9600.00

12270.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

5000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

5000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

580.00

580.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

10180.00

17850.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10160.15	16641.88
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	10160.15	16641.88

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1188.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10180.00
25. SUBTOTAL (add Line 23 and Line 24).....	11368.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	10160.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1208.12

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**SIMMONS4CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jungreis, Irwin, , ,**  
Mailing Address 31 Norwood Ave

City Newton	State MA	Zip Code 02458
----------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Massachusetts Institute of TecOccupation  
Researcher
 Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2016

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

2700.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Merson, Jerry, , ,**  
Mailing Address 408 Central Street

City Framingham	State MA	Zip Code 01701
--------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired
 Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Phillies, George, , ,**  
Mailing Address 48 Hancock Hill Drive

City Worcester	State MA	Zip Code 01605
-------------------	-------------	-------------------

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired
 Receipt For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2016

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

2700.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

5900.00

5900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

☐ 11a ☒ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SIMMONS4CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
 Libertarian Association of Massachusetts  
 Mailing Address P. O. Box 1154

City State Zip Code  
 Worcester MA 01609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 19 2016

Transaction ID : SA11B.4158

Amount of Each Receipt this Period

2000.00

☐ Memo Item

**B.** Full Name (Last, First, Middle Initial)  
 LIBERTY FOR AMERICA POLITICAL ACTION COMMITTEE  
 Mailing Address 48 HANCOCK HILL DRIVE

City State Zip Code  
 WORCESTER MA 01605

FEC ID number of contributing  
federal political committee.

C C00350918

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 05 2016

Transaction ID : SA11B.4156

Amount of Each Receipt this Period

1500.00

☐ Memo Item

**C.** Full Name (Last, First, Middle Initial)  
 Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3500.00

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 13

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)  
**SIMMONS4CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Individuals, Unitemized, , , Mailing Address DNA			Date of Receipt M M / D D / Y Y Y Y Y 10 / 19 / 2016	
City DNA	State MA	Zip Code	<b>Transaction ID : SA15.4161</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 580.00	
Name of Employer DNA		Occupation DNA	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 580.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt M M / D D / Y Y Y Y Y	
City	State	Zip Code		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Mailing Address			Date of Receipt M M / D D / Y Y Y Y Y	
City	State	Zip Code		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			580.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			580.00	

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SIMMONS4CONGRESS

Full Name (Last, First, Middle Initial)

**A. Bear Country FM**

Mailing Address 81 Woodard Rd

City  
GreenfieldState  
MAZip Code  
01301

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

460.00

Transaction ID : SB17.4166

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Comcast Spotlight**

Mailing Address 320 West Newberry Rd

City  
BloomfieldState  
CTZip Code  
06002Purpose of Disbursement  
TV Ad Airtime

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

5040.50

Transaction ID : SB17.4181

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Cumulus Broadcasting**

Mailing Address 250 Commercial Street

City  
WorcesterState  
MAZip Code  
01608

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

640.00

Transaction ID : SB17.4177

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6140.50

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SIMMONS4CONGRESS

Full Name (Last, First, Middle Initial)

**A. Gamma Broadcasting**

Mailing Address 211 Jason Street

City  
PittsfieldState  
MAZip Code  
01021Purpose of Disbursement  
WUPE/WBEC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1110.00

Transaction ID : SB17.4168

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ivey Industries**

Mailing Address 383 Rocus Street

City  
SpringfieldState  
MAZip Code  
01104

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

388.20

Transaction ID : SB17.4175

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Navy Federal Credit Union**

Mailing Address P. O. Box 3000

City  
MerrifieldState  
VAZip Code  
22119Purpose of Disbursement  
Pumpkin Palooza

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

203.65

Transaction ID : SB17.4179

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1701.85

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SIMMONS4CONGRESS

Full Name (Last, First, Middle Initial)

**A. Saga Communications**

Mailing Address 45 Fisher Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2016

City  
East LongmeadowState  
MAZip Code  
01028Purpose of Disbursement  
Rock 102/LAZER FM

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1090.00

Transaction ID : SB17.4164

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Signs 247**Mailing Address 40 W. Crystal Lake Street  
Unit 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2016

City  
OrlandoState  
FLZip Code  
32806

Purpose of Disbursement

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

247.50

Transaction ID : SB17.4185

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Simmons, Thomas, , ,**

Mailing Address 72 Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2016

City  
Shelburne FallsState  
MAZip Code  
01370Purpose of Disbursement  
Reimbursement Signs 247

FEC Identification Number

C

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

247.50

Transaction ID : SB17.4187

☒ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA

District: 01

**SUBTOTAL** of Disbursements This Page (optional).....▶

1337.50

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**SIMMONS4CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SIMMONS4CONGRESS**Mailing Address 72 MAIN STREET  
UNIT 1LCity  
SHELBURNE FALLSState  
MAZip Code  
01370Purpose of Disbursement  
Reimbursement Family Dollar/Dollar Tree

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2016

FEC Identification Number

**C** C00619338

Amount of Each Disbursement this Period

80.30

Transaction ID : SB17.4174

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Swift River Productions**

Mailing Address 67 Summit Street

City  
BelchertownState  
MAZip Code  
01370Purpose of Disbursement  
TV Ad Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2016

FEC Identification Number

**C**

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4183

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

900.00

**TOTAL** This Period (last page this line number only).....▶

10079.85

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 12 OF 13

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
**SIMMONS4CONGRESS**Transaction ID : **SC/10.4110****LOAN SOURCE** Full Name (Last, First, Middle Initial)

Simmons, Thomas, , ,

☐ Memo Item

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
72 Main St

City

Shelburne Falls

State

MA

ZIP Code

01370

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 06 M /

D 07 D /

Y 2016 Y

M M /

D D /

Y 6/7/2017 Y

0.00 % (apr)

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2500.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 13

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13bNAME OF COMMITTEE (In Full)  
**SIMMONS4CONGRESS**

Transaction ID : SC/10.4111

**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Simmons, Thomas, , ,

☐ Memo Item

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
72 Main St

City

Shelburne Falls

State

MA

ZIP Code

01370

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 07

D 28

Y 2016 Y

M M

D D

Y 7/28/2017 Y

0.00 % (apr)

☐ Yes ☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2500.00

**TOTALS** This Period (last page in this line only).....▶

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.